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THE NEW YORK NURSE PRACTICE ACT AND ITS ADMINISTRATION *

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THERE is at present an aroused interest in conservation. This interest concerns itself not only with the conservation of natural material sources of wealth and the forces which contribute to growth and progress of nations, but extends into the wider realm of morals, hygiene, sanitation, and the broader and more comprehensive field of public health.

In the last five years the vigorous anti-tuberculosis crusade has accomplished more than its ardent advocates had in the beginning hoped. In fewer years the campaign in behalf of a lessened mortality among infants has wrought miracles. The movement to prevent contagious and infectious disease among school children has kept thousands of children in school and brought them relief and comfort at the same time.

In the accomplishment of good in these and other operations for the conservation of public health, the intelligent, sympathetic trained nurse has played no unimportant part. She has given her skill, her service and her life to the successful issue of the undertaking, and it is to you, the representatives of these noble women and men, that I come to discuss for a little while this evening that act which permits you to become registered under the law as trained experts in your calling, to talk to you frankly of the strength and weaknesses of the statute and of the difficulties attendant upon its administration.

It may not be unprofitable to review briefly the movement for giving a legal status to nurses begun in England, about 1887, with the founding of the Royal British Nurses' Association, instituted with a view of establishing a system of registration for nurses similar to the system of medical registration.

In 1891, the first registration bill was passed by Cape Colony, South Africa. In 1894, an attempt to bring a uniform system of education, examination, certification and state examination for nurses in British hospitals resulted in the establishment of the Matron's Council of Great Britain and Ireland. In 1895, the British Medical Association adopted a resolution in favor of registration by Act of Parliament. In the five years, 1899 to 1904, a nurse registration bill was passed by New Zealand. The nurses of Victoria, Australia, formed a separate

* Address delivered at the Tenth Annual Meeting of the New York State Nurses' Association, Albany, N. Y., October 18, 1911.

association to work for registration. In 1902, the Society for State Registration of Trained Nurses in Great Britain was founded; and in 1904 the English State Society presented a bill in the House of Commons and a second and similar bill was presented by the Royal British Nurses' Association.

During this period of agitation—1887 to 1902—regarding the standing of the nurse throughout England and her colonies, New York State steadily advanced the requirements for admission to the practice of medicine after a hundred years' experience in the administration of the medical practice acts originally based on English traditions, so that all who graduated subsequent to January 1, 1902, should present evidence of four full years of secondary education and four full years of professional education for admission to the medical licensing examinations.

The principal difference between the English professional laws and those of this state appears most vividly by the following statement: Any person can practise medicine in England without meeting any educational or restrictive requirements; no person can practise medicine in the State of New York without meeting both the educational and restrictive requirements. The protection of the public under the English system comes through registration. The reputable physician secures registration by furnishing evidence of a general preliminary education, approximately equivalent to the successful completion of a two-year high school course. Subsequent thereto, he completes a five-year medical course with examinations more or less rigorous, as the independent examining bodies determine, and on paying the required fees, is entitled to registration on the books of the Medical Council. And right here may I say that in the administration of the medical law we have no little difficulty in determining what credit shall be given to a man who comes from England, bringing with him a license to practise. The whole difference between their professional laws and ours is in preliminary and professional educational requirements. Now stop a minute; any man can practise medicine in England, and because he has practised medicine five or ten or fifteen or twenty years in England is no assurance whatever that he is qualified to practise medicine in the State of New York.

In England registration gives him some protection in the courts of law and gives him standing in the community in which he practises. New York State requires evidence of a general preliminary education equivalent to graduation from a four-year high school course subsequent to eight years of pre-academic or grammar school preparation; requires evidence of the study of medicine for not less than four school years

including four satisfactory courses of at least seven months each in four different calendar years in a medical school registered as maintaining at the time a standard satisfactory to the Regents; requires either the degree of Bachelor or Doctor of Medicine from a registered school for admission to the medical licensing examinations which, when passed, entitled the practitioner to registration in the county in which he will practise. Not only does the determination of the general preliminary education lie with the Regents, but also the registration, yes, even the incorporation of the professional schools and the determination of the rights of admission to the professional examinations rests with them.

The Board of Regents, because of its centralized system of control, felt the influence of England's agitation for the protection of nursing in the closing years of the nineteenth century. About the first demands made on the Regents came in the form of applications for incorporation of nurse training schools prior to 1900. Such institutions became applicants for charters to conduct nurse training schools. The Regents, in their responsibility for the incorporation of the schools of the state, were obliged to determine the requirements to be exacted of the schools.

This experience of the Regents in the incorporation of nurse training schools enabled them to counsel advisedly with the leaders endeavoring to secure statutory requirements in New York State, so that New York State was able, not only to take her place in the van with the three other states of the Union that enacted statutes regulating the registration of nurses in 1903, viz.: North Carolina in March, New Jersey in April (New York, in April), and Virginia in May, but also was capable of leading in the standardizing of the general preliminary, the professional, the examination and the registration requirements. Now twenty-nine states and territories have laws regulating nurse training.

This is no very old professional calling recognized by the state when you realize that in 1903 only our Nurse Practice Act became operative and that New York was one of the four states that enacted such laws in that year; and now, after eight years, you have accomplished, through your concerted efforts, the result that in twenty-nine states your profession is regulated by statute. Those of you who are discouraged may cheer up when you think of what has been accomplished in this regard in so short a time, when for one hundred years this country was struggling with the question of medical practice in this state, the question of registering physicians, the question of licensing physicians—and your work goes hand in hand with theirs—and in eight years you have done, it seems to me, a marvellous piece of constructive work.

April 26, 1904, the State Board of Nurse Examiners submitted recommendations for the regulation of nurse training schools, and the recommended rules of the Board were adopted by the Regents, September 20, 1905.

After a careful study of the requirements exacted of representative schools, the Board recommended to the Regents June 1, 1904, a list of some six schools for registration. During 1905, 84 schools were registered; in 1906, 105, and the Handbook of 1911 shows 288 registered nurse training schools of the United States and Canada. There is a wide difference between 6 and 288 in so short a period of time.

Not only were the nurse training schools of the state and of the country increasing in numbers, but they were increasing in students as well. In 1905, the 56 schools of the state reported 2765 students; in 1906, 52 schools reported 2106 students; in 1907, 79 schools reported 2413 students; in 1908, 101 schools reported 3440 students; in 1909, 109 schools reported 3281 students; in 1910, 116 schools reported 3669 students. The 1911 report is not yet in.

While the growth of schools and the increase in students were advancing thus rapidly, the practical application of the law in the registration of nurses went forward. Under the statute, the Regents, on the recommendation of the State Board, might waive the examination of residents of the state twenty-one years of age, of good moral character, that held a diploma from a training school, registered by the Regents; had graduated before April 27, 1903, the date of the enactment of the law; were in training on that date and graduated thereafter, and those that had three years' experience in a general hospital prior to that date, providing they applied in writing for the certificate prior to April 27, 1906. Under these provisions of the waiver there have been registered by the state 5721 nurses, from the inception of the law to August 1, 1911. Near the close of the period of registration under the waiver, the requirements for examination had been so far perfected by the Board that examinations in practical nursing were conducted for the first time in June, 1904.

Beginning in January, 1906, the full examinations have been held twice a year in four different cities of the state. From their inception to August 1, 1911, there have been 2700 certificates issued on examinations, making the total number of registered nurses to August 1, 1911, 8421; in 1909 there were 628 candidates representing 78 different schools applying for admission to the examinations, 561 of whom received certificates, 271 passed in all subjects, 25 received honors, and

67 failed; in 1910 there were 649 candidates representing 96 schools, 606 of whom received certificates, 342 passed in all subjects, 46 received honors, and 43 failed. During the school year 1910–1911, 844 were registered on examination, 50 were rejected, and 128 were registered under the waiver.

There are other evidences of progress which I might read, but which I will simply enumerate. There is first in importance, I think, the preparation of a syllabus and course of studies for the protection of nurses. I am satisfied that this work has done more for the standardizing of nurse teaching, more for the elevation of the work in the hospitals than any other one piece of work—constructive, administrative work. There is a council of nurses to whom all questions of importance and of interest to you are referred for final determination. This is an advance over arbitrary, bureaucratic administration. The fact that we may have the advice and counsel of your best experts to determine questions that are of vital interest to you is evidence of progression.

We have an inspector of Nurse Training Schools who devotes her whole time to the interests of the schools; you know better than I how well qualified she is for the position, trained and experienced, sympathetic and interested, judicious, ever looking toward that which is ideal and striving for it, for its attainment in the future probably, but always making one more step forward toward that ideal.

We have in that respect a great advantage over every other state in the Union. It is true it brings to us in administration our trials, not a few, but then life would be a dreary waste if it were all pleasure and sunshine and there were no trials. Trials really, after all, bring out the genuine worth that there is in men and women and in institutions.

The statute provides specifically who may practise as a registered nurse:

“Any resident of the State of New York, being over the age of 21 years and of good moral character, holding a diploma from a training school for nurses, connected with a hospital or sanitarium, giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and shall have received from the said Regents a certificate of his or her qualifications to practise as a registered nurse, shall be styled a registered nurse, and no other person shall assume such title, or use the abbreviation R.N.”

In this part of Section 250, of Art. 12 of Chap. 45 of the consolidated laws, is contained the crux of the whole nurse practice act.

Its strength lies where it is least expected and its weakness is found in what was thought to be its effective provision.

The fundamental principle of the statute and the bulwark of its strength lie in the words "holding a diploma from a training school for nurses connected with a hospital or sanitarium, giving a course of at least two years, registered as maintaining proper standards, all of which shall be determined by the said Regents." An age limit and moral character are prescribed, but in addition and beyond these it makes education obligatory, for every campaign for public health must have inscribed upon its banner as its motto: "Education"—education not only of the individual, but education of the masses. No idea of reform or of progress really makes any headway until the mass of the people is educated to see its beneficence.

But right here arises the greatest obstacle to effective administration of the law. The school must be connected with a hospital or sanitarium in order that the proper training may be given, and every hospital wants a training school and wants its training school registered. But hospitals as a rule do not want the training school primarily for the purpose of training nurses but primarily that they may have the patients in the hospital nursed at a minimum cost. The whole trouble with the administration of the Nurse Practice Act, the root of the evil—if evil may be found—is in what we may safely call the commercialization of nurse training schools. The hospital thinks first of its own financial interest and after that of the training of the efficient nurse. As the public has become educated in the care of the sick there has been an ever-increasing patronage of hospital service. Hospitals, general and special, have sprung up all over the state. When nurse training was first established, many years ago, there were comparatively few hospitals, and those hospitals were located in the main in the large cities. Now there is scarcely a town of ten thousand inhabitants that hasn't its hospital and there are hospitals in towns of this state of considerably less population than ten thousand. Because of this increasing patronage of hospitals, the demand for pupils for the training schools is increasing, and it becomes in the mind of the hospital superintendent imperative that pupils be admitted to the training school without very strict regard for the fundamental principle of the law, that education is a prerequisite to intelligent nursing. That is what this organization must emphasize, must advocate, in season and out of season, that education is a prerequisite to intelligent and efficient nursing; and here the hospital errs in the abuse of its function, viz.: not only to care for the sick better than they can be cared for at home, but to care for them in an

expert and scientific manner in accordance with the highest approved rules of hospital practice by according to the patient the best medical aid possible, and the services of intelligent, sympathetic nurses.

This is the function of the hospital—to care for the sick better than they can be cared for at home; and not only that, but to go further and give them the very best medical aid available and to supply them with the best-trained and most efficient nurse possible. If this nurse shall be a pupil in training she must have had sufficient education to enable her to understand the meaning which her training involves. The law fixes the minimum age at 21 years for a registered nurse. This presupposes that the pupil had entered at 19 years of age, and it is not unreasonable to assume that she had had at least a high school education. I submit, ladies, that when the law placed the age at 21 years, fixed the minimum course at two years, that it assumed that the candidates for admission to these nurse training schools should have at least a high school education. Girls graduate from the high schools at an average age of less than 19,—18 and a fraction. It was never thought that this would not be the educational preliminary requirement for admission to a nurse training school,—a high school education.

There is to-day almost no occupation that requires skill or expertness that does not demand two years of high school training, at least, of those who would enter upon training. And yet the hospitals, many of them, would gladly reduce the requirement for admission to the nurse training school to the completion of the grammar school course. They say that one year of the high school course does not add to the efficiency of the pupil or the motive for admission to the nurse training school. We say that it adds one more year to the maturity of the individual. We say that it gives in the first year certain fundamental elements of study which are vital, if the nurse is to be an intelligent nurse. As the high school courses in this state are now laid out, the first year gives quite an advance over the grammar school. Algebra, which they say is of low value to the schools, we say is of inestimable value to the training of the mind of a person; biology contains questions that are of essential value to the nurse; history gives a broader outlook upon the civilization of the world. When you take into consideration that this occupation, or calling, or profession, is every day growing broader and wider in its significance, that problems that were once not thought to be within the province of the nurse are now brought to her for solution, certainly the one year of high school which is now the requirement is really barely enough for the expert teaching and training which she is to receive in the hospital. Moreover, as the training now is in the hospitals, it takes

out of the girls with the grammar school course only, or the one year in high school only, all the vim and energy of her life to perform the arduous services which she is called upon to perform and at the same time bring in the theory which is absolutely essential to nursing.

Superintendents tell me that the girls break under the strain. There are two causes, one the inability of the girl, through her education, to stand the mental strain which is put upon her, and the other the long hours of arduous service in the wards. That is what is breaking the nurses in training. Not that these people would reduce this minimum requirement, not that they believe that the nurse with this educational handicap is a desirable nurse or that the pupil in training with this meagre educational equipment is capable of being trained to highest efficiency—they never argue that. They say: "She will do. We can take this grammar school girl and we can train her so she can do ordinary nursing." But with only eight thousand registered nurses in the State of New York for the great population that we have, we want women who can do more than ordinary nursing. They must be women who can take up the extraordinary problems of nursing, and the grammar school girl cannot do it. Nor can the girl with one year of high school do it very long.

They make no claim that this girl can be trained to the highest efficiency, but because the great number of patients in the hospital must have some kind of care, not the best care, but some kind of care,—and because the funds available for the maintenance of the hospital have not been provided with a view to furnishing a sufficient number of trained, expert, paid nurses. Some hospitals, even in estimating the cost of maintenance and the resources with which to meet this cost, figure on the revenue which will come through the use of nurses in training upon special cases. One hospital in this state had a revenue of over \$4500 this last year from this service. Another hospital had a revenue of \$6000 from this service. I may also say that in one of these, at least, it is fair to attribute, through the misuse of the nurses's time in training, the fact that not a few of the nurses whom they sent up to the examination for registration failed.

But there is another obstacle to the administration of the law growing out of this increasing patronage of the hospitals aside from the difficulty of enforcing educational standards for admission, viz.: the maintaining of a real bona fide school. I have studied, during the past three years, the question of nurse training schools. I have had to study it, whether I wanted to or not, because it has been forced upon me, day after day, problem after problem. It seems to me that the whole process of

nurse training has been organized in a reverse order from what it should have been. The nurse training school is an adjunct, only, to a hospital. It is not a co-ordinate branch of the institution. It is an adjunct. The hospital has had to have the training school, as I have said, not for training nurses but to nurse the patients. It was the only way they could get nurses, because in the organization of the hospital they had not provided sufficient funds to take care of the patients as they should come, and they have been coming, more and more every year. That is not the way we train physicians. That is not the way we train dentists. That is not the way we train lawyers. That is not the way we train optometrists, those persons who deal with the refractions of the eye. We go directly to the education of the individual for a specific purpose, and that is the most important and only purpose during his education. That is not the way in nurse training. It seems to me that the whole thing has been organized in the reverse order to what it should have been.

I am deeply interested in the nurse training school in the University of Minnesota. There it seems to me is a school organized on the right principles. They require graduation from at least a four-years' high school course. They require a physical examination of every candidate for admission, and unless she can stand the test the individual is rejected. Then they give that young woman four months of preliminary training before she is admitted to the hospital at all. She pays \$25 for this. She is independent, just as the student in the normal school here, or in Columbia University, or elsewhere, is independent. She lives where she pleases, and does what she pleases, outside of the fact that she must do the work of this course and at the end must satisfactorily prove it. At the end of the preliminary training she is given a month of probation; she is taken into the hospital to see whether, after all, she is fit to train, whether she can be trained or whether she cannot, whether she will be a nurse or whether she won't, whether she has human sympathy enough, whether she can take the preliminary or rather the professional course, and after a month of probation the Superintendent of the Nurses' Training School and a Committee of the School determine whether that girl shall be admitted or not. Then, after that, she has about two and a half years of training in addition. She is only permitted to work eight hours. That includes her theoretical training, her professional training in the nursing home and her work in the wards, and she is never allowed to work alongside of the bed of a patient unless there is a trained nurse there to direct her.

It seems to me that Minnesota has started the problem of nurse

training in the right direction, that is, going at it in a direct, straightforward way, instead of going around it from the rear, and I believe that Minnesota will out-distance the other states in not a very long time in the question of training nurses as they come from her training schools connected with the University.

Columbia University has done a great work in its post-graduate course, but a post-graduate course means after some other course. This is the first course.

Now I am not surprised that Minnesota should take this road. We cannot reciprocate with Minnesota in medicine. Her law is not right. Our law says that we cannot reciprocate in medicine with any state unless the law specifies a requirement not lower than ours. The law of Minnesota leaves the requirement for admission to the medical profession to a Medical Examining Board. But we are helpless. We know this, that Minnesota is in advance of us in its requirements for entrance to the medical profession, even though we cannot reciprocate. We have told them time and again that if they would only change their law we would be only too glad to reciprocate with them. But they say, "Take us as we are or not at all." So we have to leave them under the law. They are in advance of us in medicine and, so far as this school is concerned, are in advance of us in the organization of a nurse training school. They are really going to take nurses primarily for the purpose of educating nurses, not primarily for the nursing of the sick at a minimum expense to the hospital.

No institution is a school, within the meaning of the law, that from the beginning gives its pupils a super-amount of practice without adequate grounding in the principles and theory. But it is not uncommon to find nurse training schools working the pupils twelve and thirteen hours a day and out of this time giving only one, two, or three hours of teaching of the principles underlying their work. Certainly such institutions are not schools within the meaning of the law. The education and training of a nurse are impossible without a hospital, but a hospital maintaining a nurse training school should realize that it is ultimately falling short of its duty to the community when it graduates nurses who have no adequate preliminary education and who have not had sufficient instruction in the theory of nursing in all its various branches to enable them to go out in the community and serve the public as the public has a right for its own welfare to demand.

Bear in mind, please, that as these hospital nurse training schools turn out their pupils and graduates unfitted to serve the public they are robbing the public of the very service for which hospitals were

originally established, viz.: to take care of the sick better than they can be taken care of at home. So the inefficient nurse that comes from a nurse training school, if she come not up for examination or if she does come up and by accident or good fortune passes the examination, but is an unfit, untrained nurse, an uneducated nurse, is taking from the public something which the public has a right to demand.

But while these difficulties in administration arise, there is, after all, the strength in the law which gives to the Board of Regents the power to determine what proper standards are; and there is support for the administration in the thought that the hospitals themselves are, many of them, entirely willing to not only meet the standard of one year of high school education, as a preliminary entrance requirement, but will go even further, and are demanding high school graduation, and instead of two years' professional training, require the completion of a three-years' course.

The weakness of the statute is in that it is only permissive. There is nothing obligatory to the registration of a nurse. It is simply permissive. Because of this there are in the state certain pseudo-training schools for nurses that do not pretend to demand any fixed educational requirement for admission and that give a short course of a few months, either by lecture or by correspondence, or both, and whose graduates term themselves certified or graduate nurses. That the public is often deceived by these persons goes without saying. The graduates of these schools, however, find occupation and are not infrequently employed, for the reason that a trained or registered nurse is not to be had. Upwards of nine thousand trained, registered nurses are comparatively few for a population such as New York has. The graduates of these schools often find employment because there is not a trained nurse. I have been told that there are times in New York City when a registered nurse is not to be obtained at any price. Think of that! That in New York City with all its hospitals and all its nurse training schools—the centre of professional nursing—there are times when there cannot be obtained a capable, competent nurse at any price, for love or money. Moreover, there are, owing to the public becoming better educated as to the necessity of proper care of the sick, many families that want an attendant for some invalid member, but who cannot afford the service of a registered nurse. These families readily take one of these so-called certified nurses or graduate nurses at a compensation that is within their means, even though the service rendered is only moderately worth what it costs. There is no protection of the innocent public against deception if these untrained persons hold themselves out to be expert

nurses, and there is no protection of the registered nurse against the competition of these persons or against the abuse or discredit which such untrained persons may possibly bring upon the calling of the registered nurse. These are weaknesses in the law.

I believe the time is at hand, in the interest of the public, of the hospitals, and of the nurse, to amend the nurse practice act so as to restrict the application of the word "nurse" to "registered nurse" and to provide for a class of trained attendants, both within the hospitals and without. I want you to think about this as an Association. The law should be so drawn as not to be retroactive, or to prevent the care of the sick by a friend or a member of the family, but any person holding herself out to be a nurse should be a graduate of a nurse training school, connected with a hospital or sanitarium giving a course of study of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this, and other respects, a proper standard or proper standards, all of which shall be determined by the said Regents. Only such person should receive a license to practise as a registered nurse, and no other person should assume the title of "nurse," or use the abbreviation, "R. N." In other words, I believe that it is time to amend the Nurse Practice Act so as to absolutely protect the word "nurse" and to license nurses by registration, that is, the license of a nurse shall be her certificate of registration. The law should then provide for the trained attendant by prescribing that such trained attendant should be required to complete a minimum course of one year, the course to be approved by the Board of Regents, who should prescribe the rules and regulations governing such course; that persons completing such course be granted a certificate as trained attendant which would be a license to practise as such,—not to practise as a nurse, but to practise as a trained attendant. The trained attendant has her place. She has her place in the hospital and she has her place outside the hospital.

By this amendment of the law, the nurse training schools would come into their own. The educational requirements for admission could be advanced; the professional instruction could be made effective by shortening the hours of service, and by giving regular instruction by competent teachers, and that is one of the weaknesses of the nurse training schools of to-day, that the teaching is not done by competent teachers, under trained teachers who know how to teach, and who know nursing thoroughly from the beginning. Much of the teaching of nurses in nurse training schools is by lectures by physicians, which is all well enough if the physician is a teacher, but if he is a lecturer, absorbed in his own particular province of medicine, he is likely to give the nurses

that which they never can and never will use in their nursing; and because a nurse training school has a large staff of lecturers, it does not mean that the pupils in that school are being well taught in nursing. A more sympathetic, better-educated body of women would enter the schools, and a better equipped and more effective force of expert nurses would come out of the schools.

While the nursing of the individual sick, either in the home or in the institution, is one of the important offices of the trained nurse, yet in this awakening of the people to the conservation of the greatest asset which any nation can possess—a vigorous, healthful population—the trained nurse is to be one of the great factors. Always remember and realize the possibilities that are before you as a body of trained experts. The whole question of the conservation of the public health, the prevention of sickness, of nursing, of the care of healthy people to keep them healthy, as well as the care of sick people to make them healthy, to restore them to health, is one of nursing. There is preventive medicine and there certainly is preventive nursing. The two go together. But to serve her state and her nation, the nurse must have vision and insight, training and skill, morals and manners, sympathy and soul, culture and refinement, strength and courage. In this campaign there will be leaders who have a genius for leadership, but those who follow must have the qualities of the leader in order that they may be worthy to be enlisted. All these are the attributes of the educated woman, and it is to such that the appeal must come. Why not to college women as well as high school graduates? Is there higher service to be rendered to God and man than that of conserving health and so the happiness of mankind?

I would amend the law, therefore, to strengthen its fundamental principle—education—and to eradicate its weaknesses by making it possible only for the truly trained nurse to act as nurse.

CHRISTMAS DAY IN A HOSPITAL *

BY JESSIE MARGARET BARRY

Graduate of the Illinois Training School for Nurses, Chicago

WE had entered the large training school for nurses late in the autumn, and the first weeks of December found us still longing for the dear home people. I am sure that every other girl of the class was, like myself, resigning herself to quite the loneliest Christmas of her life,

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